Medical Threat Assessment

COL Brian H. Feighner
Military & Emergency
Medicine

Objectives

• Understand the concept of "Medical Threat"

 Be exposed to the techniques and resources of Medical Threat Assessment (MTA)

Understand who needs to know the MTA

Medical Threat

 The sum of potential actions / conditions / infections / events that could reduce the ability of a unit to accomplish its mission

Medical Threat

Battle Injuries

- What everyone thinks of!

- Historically, NOT the major player!!

Paid political announcement of PM

Medical Threat

Battle Injuries

- Non-battle Injuries
- Environmental Injuries
- Psychological Stress
- Infectious Disease

D

N

B

I

Medical Threat Assessment

 Battle Injury estimation very important but not a medical responsibility

• MTA = DNBI Assessment

• W, W, W, W, W

Population at Risk

- MTA are 'Population Medicine'
 - MTA generated for a large group
 - Subgroups have different

 Populations at risk may not always be obvious

Population at Risk

- Number
- Demographics
- Health Status
- Stress
- Training
- Equipment
- Activity

Non-Battle Injuries

- Transportation
- Construction
- Unintended fires / explosions
- Sports

Environmental Injuries

- Non-Living
 - Topographic
 - Energy exchange
 - Particulate
 - Pollution
- Living
 - Flora
 - Fauna

Environmental Injuries

- Non-Living
 - LAT / LONG
 - Development
 - Terrain
 - Climate
 - Biomass
 - Shelter / Enclosures

Environmental Injuries

Immediate effects

Delayed effects

Really, really delayed effects

Psychological Stress

Easily underestimated

Can't be simulated

All sorts of Sx

Acute and delayed effects

Infectious Disease

- Arthropod-borne
- Fecal-Oral
- Respiratory
- Close personal contact
- Really close personal contact

- AFMIC (DIA)
 - http://mic.afmic.detrick.army.mil/
 - MEDIC CD
 - Disease and Environmental Alert Reports (DEARS)
 - Classified and non-classified information

- Army Medical Surveillance Activity
 - http://amsa.army.mil/AMSA/amsa_ho me.htm
 - Deployment instructions, forms, and links
 - Surveillance data, can be cut by many variables

- Navy Environmental Health Center
 - http://www-nehc.med.navy.mil/
 - Disease Risk Assessment (DISRAP)
 - Surveillance data

- World Health Organization
 - http://www.who.int/en/
 - Weekly Epidemiologic Record

- Centers for Disease Control and Prevention (CDC)
 - http://www.cdc.gov/travel/index.htm
 - Health Information for the International Traveler (aka 'The Yellow Book')

- State Department
 - http://www.state.gov/
 - Travel Advisories
 - Country snapshots

- National Library of Medicine
 - http://www.nlm.nih.gov/

- USUHS LRC
 - MEDLINE, other searches

• FM 8-33. Communicable Diseases in Man

• FM 21-10. Field Hygiene and Sanitation (or service equivalent)

 Current ACIP Recommendations (CDC)

Factors Affecting MTA Information

Under reporting, poor reporting

Biases

Politics

Biology of indigenous populations

MTA Information

 An absence of reporting ≠ absence of risk

Use many sources

Use feet on the ground

MTA Information

 A painstakingly thorough list of all possible medical threats is necessary

And worthless to military leaders

MTA Brief

Anyone can collect the information

You have to synthesize, distill, & prioritize

For many audiences

MTA Brief Matrix

	High M / M	Low M / M
High Risk	1	2
Low Risk	2	4

MTA Brief

- Short Incubation
 - Acute Gastroenteritides (AGE)
 - Some Respiratory (URI)
 - Sexually Transmitted Illnesses (STI)
 - Some Arthropod-borne Dz
 - Injuries

MTA Brief

- Longer Incubation
 - Some Respiratory (URI)
 - Sexually Transmitted Illnesses (STI)
 - Some Arthropod-borne Dz
 - Some GI Dz, esp Hepatidites

- Define PAR and Site
- Languages
- Climate
- Jet Lag
- Stress
- Water & Food

- Local Electricity
- Host Medical Facilities
- Military Medical Facilities
- Animal* / Plants
- Misc info (e.g., earthquakes, etc.)
- Personal Hygiene
- Safety Issues

- Injuries of Operational Importance
 - By phase of operation
 - By type of mission

- Diseases of Operational Importance
 - Brief Incubation
 - Longer Incubation

Bring it home with MTA MATRIX

Countermeasures with source and cost

MTA Audiences

Commanders

Medical Officers

Troops

Commanders

- Responsibilities
 - Accomplish mission
 - Safety of subordinates
- Need to know the 'Bang for the Buck' answers
- Will ask for the rest if necessary
- Assimilate data well
- Avoid medical jargon

Medical Types

 Need to be able to adapt their thought processes to new threats

 Fever and HA in February in Watertown, NY is probably the flu...

MUST buy into Surveillance

Troops

Are frightened and anxious

Are not medically sophisticated

Are often not highly educated

Often are '18 & Invincible'

Medical Threat Assessment

Not a static document

 Needs continual assessment & revision before, during, and after deployment

 Assessment requires SURVEILLANCE

Medical Threat Assessment

 May be one of the most important jobs you ever do

May or may not be in your future

 Prepare now as if it is and thousands of lives depend on it!